

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

Form Approved
Budget Bureau
No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (type or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is YES explain fully to the physician performing the examination)		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (signature of applicant)	

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> OTHER (specify)	2. POSITION TITLE TOOL & PARTS ATTENDANT																																																																								
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Receives, stores, identifies and issues items used by shop personnel, supported units and customers. Travels to pick up supplies. Performs minor maintenance duties on part and supplies.																																																																									
4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.																																																																									
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FOR AGENCY USE ONLY

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Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

1. RECOMMENDATION: <input type="checkbox"/> HIRE OR RETAIN. DESCRIBE LIMITATIONS, IF ANY, HERE. <input type="checkbox"/> TAKE ACTION TO SEPARATE OR DO NOT HIRE. EXPLAIN WHY.		
2. AGENCY MEDICAL OFFICER'S NAME (type or print)	3. LOCATION (city, State, ZIP Code)	4. DATE

Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in Part F is circled.
IMPORTANT: See FPM Chapter 293, Subchapter 3; FPM Chapter 339 and FPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

1. ACTION TAKEN: <input type="checkbox"/> HIRED OR RETAINED. <input type="checkbox"/> NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO. <input type="checkbox"/> ACTION TAKEN TO SEPARATE.		
2. AGENCY PERSONNEL OFFICER'S NAME (type or print)	3. SIGNATURE	4. DATE

Part F. HANDICAP CODE (to be completed only in pre-appointment cases)

<p>If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "00".</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> 00 No handicap of the type listed 10 Amputation—one major extremity 11 Amputation—two or more major extremities 20 Deformity or impaired function—upper extremity 21 Deformity or impaired function—lower extremity or back 30 Vision—one eye only 31 No usable vision </td> <td style="width: 33%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> 40 Hearing aid required 41 No usable hearing 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 50 Tuberculosis—inactive pulmonary 51 Organic heart disease (compensated)—valvular, arrhythmia, arteriosclerosis, healed coronary lesions </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> 52 Diabetes—controlled 53 Epilepsy—adequately controlled 54 History of emotional behavioral problems requiring special placement effort 55 Mentally retarded 56 Mentally restored </td> </tr> </table>			00 No handicap of the type listed 10 Amputation—one major extremity 11 Amputation—two or more major extremities 20 Deformity or impaired function—upper extremity 21 Deformity or impaired function—lower extremity or back 30 Vision—one eye only 31 No usable vision	40 Hearing aid required 41 No usable hearing 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 50 Tuberculosis—inactive pulmonary 51 Organic heart disease (compensated)—valvular, arrhythmia, arteriosclerosis, healed coronary lesions	52 Diabetes—controlled 53 Epilepsy—adequately controlled 54 History of emotional behavioral problems requiring special placement effort 55 Mentally retarded 56 Mentally restored
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